ADCC Name: Windward Seniors Day Care

## Community Ties of America, Inc 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744

Compliance Manager Name:

David Ayling, RN

Address: 77 N. Kainalu Dr. Kailua, HI 96734

## Adult Day Care Center (ADCC) **Deficiency Report**

Date of Review: 5/28/2018		Last Date items below must be submitted to CTA:	Deficiency Report
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
ок	3	Application for Certificate of Approval	
ок	11	Administration	
ок	-12	Personnel and Staffing	
ок	13	Admissions	
ок	14	Participant Fees	
ок	15	Transportation	
ок	16	Services for Center Participants	
ок	17	Physical Location	
ок	18	Fire Protection	
ок	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a

written plan of correction to CTA within the timeframe stated above.	of this form. It is my responsibility to correct all items listed above and provide a				
If this box is checked then I understand that I met all requirements and no corrective a	ction is required				
PRINT NAME: Allison Bean					
SIGNATURE:	Date: 05/28/2019				
Compliance Manger Signature	Date: 5 /28//9				
	1 4/1				